

**REQUEST FOR CONTRACT
EXPERT/CONSULTING SERVICES**

Claimant: _____

ORM Claim #: _____

Requested Effective Date: _____

(SERVICES CANNOT BEGIN BEFORE THIS DATE AND/OR BEFORE CONTRACT IS APPROVED)

Amount of Contract: \$ _____

Name & Address of Expert/Company: _____

Tax I.D./Social Security number: _____

Hourly rate: \$ _____ / Fee Schedule (attached _____)

Curriculum Vitae (attached _____)

Authorization of Outside Employment Form completed, if required
(for state owned universities) (attached _____)

COST BENEFIT ANALYSIS

Expected cost to State if these services are not provided: _____

Description of costs to State if these services are not provided:

SCOPE OF SERVICES: (detailed description of all services that expert will provide)

SIGNATURE

DATE

**THIS FORM MUST BE COMPLETED BY ATTORNEY AND APPROVED BY
ORM ADJUSTER PRIOR TO ANY SERVICES BEING RENDERED.**